

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|  |                    |   |  |   |                   |  |                  |                                       |                   |  |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |  |  |  |                                 |  |  |                       |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                       |                    |                               |            |  |   |  |  |                           |  |                               |  |  |  |  |  |
|--|--------------------|---|--|---|-------------------|--|------------------|---------------------------------------|-------------------|--|--|--|---------------------------------|--|--|---------------------------|--------------------|-------------------------------|------------|--|--|--|--|------------------|--|---|--|--|---------------------------------|--|--|---------------------------|--------------------|-------------------------------|------------|--|--|--|--|------------------|--|---|--|--|---------------------------------|--|--|---------------------------|--------------------|-------------------------------|------------|--|--|--|--|------------------|--|--|--|--|---------------------------------|--|--|-----------------------|--------------------|-------------------------------|------------|--|--|--|--|------------------|--|---|--|--|---------------------------------|--|--|-----------------------|--------------------|-------------------------------|------------|--|---|--|--|---------------------------|--|-------------------------------|--|--|--|--|--|
| <b>1. NAME OF COMMITTEE IN FULL</b><br><b>Pete Stauber for Congress</b>  |                    |   |  |   |                   |  |                  |                                       |                   |  |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |  |  |  |                                 |  |  |                       |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                       |                    |                               |            |  |   |  |  |                           |  |                               |  |  |  |  |  |
| <b>ADDRESS</b> (number and street) 23 W Central Entrance<br>PMB #333   |                    |   |  |   |                   |  |                  |                                       |                   |  |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |  |  |  |                                 |  |  |                       |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                       |                    |                               |            |  |   |  |  |                           |  |                               |  |  |  |  |  |
| <b>CITY</b><br>Duluth  | <b>STATE</b><br>MN | <b>ZIP CODE</b><br>55811                                    |  |   |                   |  |                  |                                       |                   |  |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |  |  |  |                                 |  |  |                       |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                       |                    |                               |            |  |   |  |  |                           |  |                               |  |  |  |  |  |
| <b>2. NAME OF CANDIDATE</b><br>Stauber, Peter, Allen, ,  |                    | <b>3. OFFICE SOUGHT</b> (State and District)<br>House MN 08 |  |   |                   |  |                  |                                       |                   |  |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |  |  |  |                                 |  |  |                       |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                       |                    |                               |            |  |   |  |  |                           |  |                               |  |  |  |  |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00650697   |                    |   |  |   |                   |  |                  |                                       |                   |  |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |  |  |  |                                 |  |  |                       |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                       |                    |                               |            |  |   |  |  |                           |  |                               |  |  |  |  |  |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____   |                    |   |  |   |                   |  |                  |                                       |                   |  |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |  |  |  |                                 |  |  |                       |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                       |                    |                               |            |  |   |  |  |                           |  |                               |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> <b>A. FULL NAME</b><br/> <b>MN CORN FEDERAL PAC</b> </td> <td style="padding: 5px;"> Name of Employer </td> <td style="padding: 5px;"> Date (month, day, year)<br/> 08/02/2022 </td> <td style="padding: 5px;"> Amount<br/> 2500.00 </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>MAILING ADDRESS</b><br/> 500 EAST TRAVELERS TRAIL </td> <td colspan="2" style="padding: 5px;"> <b>Transaction ID : TX32742</b> </td> <td rowspan="3" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/> BURNSVILLE </td> <td style="padding: 5px;"> <b>STATE</b><br/> MN </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/> 55337-7502 </td> <td colspan="2" style="padding: 5px;"> Occupation </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>B. 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BOX 10735 </td> <td colspan="2" style="padding: 5px;"> <b>Transaction ID : TX32745</b> </td> <td rowspan="3" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/> PEORIA </td> <td style="padding: 5px;"> <b>STATE</b><br/> IL </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/> 61612-0735 </td> <td colspan="2" style="padding: 5px;"> Occupation </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>E. FULL NAME</b><br/> ABRAHAM LINCOLN PAC </td> <td colspan="2" style="padding: 5px;"> Name of Employer </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>MAILING ADDRESS</b><br/> 824 S MILLEDGE AVE, STE 101 </td> <td colspan="2" style="padding: 5px;"> <b>Transaction ID : TX32746</b> </td> <td rowspan="3" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"> <b>CITY</b><br/> ATHENS </td> <td style="padding: 5px;"> <b>STATE</b><br/> GA </td> <td style="padding: 5px;"> <b>ZIP CODE</b><br/> 30605-1332 </td> <td colspan="2" style="padding: 5px;"> Occupation </td> </tr> <tr> <td colspan="3" style="padding: 5px;"> <b>SIGNATURE (optional)</b><br/> <i>Datwyler, Thomas, ,</i> </td> <td colspan="2" style="padding: 5px;"> <b>DATE</b><br/> 08/05/2022 </td> </tr> <tr> <td colspan="3" style="padding: 5px; text-align: center;"> <i>[Electronically Filed]</i> </td> <td colspan="3" style="padding: 5px;"> <b>For further information contact:</b><br/> Federal Election Commission<br/> 999 E Street, NW, Washington, DC 20463<br/> Toll Free 800-424-9530, Local 202-694-1100 </td> </tr> </table> |                    |   |  | <b>A. FULL NAME</b><br><b>MN CORN FEDERAL PAC</b> |                   |  | Name of Employer | Date (month, day, year)<br>08/02/2022 | Amount<br>2500.00 | <b>MAILING ADDRESS</b><br>500 EAST TRAVELERS TRAIL |  |  | <b>Transaction ID : TX32742</b> |  |  | <b>CITY</b><br>BURNSVILLE | <b>STATE</b><br>MN | <b>ZIP CODE</b><br>55337-7502 | Occupation |  | <b>B. FULL NAME</b><br>AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE |  |  | Name of Employer |  | <b>MAILING ADDRESS</b><br>25 MASSACHUSETTS AVE, NW<br>SUITE 600 |  |  | <b>Transaction ID : TX32743</b> |  |  | <b>CITY</b><br>WASHINGTON | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20001-7400 | Occupation |  | <b>C. FULL NAME</b><br>AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC |  |  | Name of Employer |  | <b>MAILING ADDRESS</b><br>675 N WASHINGTON ST,<br>STE 490 |  |  | <b>Transaction ID : TX32744</b> |  |  | <b>CITY</b><br>ALEXANDRIA | <b>STATE</b><br>VA | <b>ZIP CODE</b><br>22314-1940 | Occupation |  | <b>D. FULL NAME</b><br>LAHOOD FOR CONGRESS |  |  | Name of Employer |  | <b>MAILING ADDRESS</b><br>P.O. BOX 10735 |  |  | <b>Transaction ID : TX32745</b> |  |  | <b>CITY</b><br>PEORIA | <b>STATE</b><br>IL | <b>ZIP CODE</b><br>61612-0735 | Occupation |  | <b>E. FULL NAME</b><br>ABRAHAM LINCOLN PAC |  |  | Name of Employer |  | <b>MAILING ADDRESS</b><br>824 S MILLEDGE AVE, STE 101 |  |  | <b>Transaction ID : TX32746</b> |  |  | <b>CITY</b><br>ATHENS | <b>STATE</b><br>GA | <b>ZIP CODE</b><br>30605-1332 | Occupation |  | <b>SIGNATURE (optional)</b><br><i>Datwyler, Thomas, ,</i> |  |  | <b>DATE</b><br>08/05/2022 |  | <i>[Electronically Filed]</i> |  |  | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |  |  |
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| <b>MAILING ADDRESS</b><br>500 EAST TRAVELERS TRAIL   |                    |   | <b>Transaction ID : TX32742</b>  |   |                   |  |                  |                                       |                   |  |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |  |  |  |                                 |  |  |                       |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                       |                    |                               |            |  |   |  |  |                           |  |                               |  |  |  |  |  |
| <b>CITY</b><br>BURNSVILLE  | <b>STATE</b><br>MN | <b>ZIP CODE</b><br>55337-7502                               | Occupation   |   |                   |  |                  |                                       |                   |  |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |  |  |  |                                 |  |  |                       |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                       |                    |                               |            |  |   |  |  |                           |  |                               |  |  |  |  |  |
| <b>B. FULL NAME</b><br>AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE   |                    |   | Name of Employer   |   |                   |  |                  |                                       |                   |  |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |  |  |  |                                 |  |  |                       |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                       |                    |                               |            |  |   |  |  |                           |  |                               |  |  |  |  |  |
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| <b>CITY</b><br>WASHINGTON  | <b>STATE</b><br>DC | <b>ZIP CODE</b><br>20001-7400                               | Occupation   |   |                   |  |                  |                                       |                   |  |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |  |  |  |                                 |  |  |                       |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                       |                    |                               |            |  |   |  |  |                           |  |                               |  |  |  |  |  |
| <b>C. FULL NAME</b><br>AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC   |                    |   | Name of Employer   |   |                   |  |                  |                                       |                   |  |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |  |  |  |                                 |  |  |                       |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                       |                    |                               |            |  |   |  |  |                           |  |                               |  |  |  |  |  |
| <b>MAILING ADDRESS</b><br>675 N WASHINGTON ST,<br>STE 490  |                    |   | <b>Transaction ID : TX32744</b>  |   |                   |  |                  |                                       |                   |  |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |  |  |  |                                 |  |  |                       |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                       |                    |                               |            |  |   |  |  |                           |  |                               |  |  |  |  |  |
| <b>CITY</b><br>ALEXANDRIA  | <b>STATE</b><br>VA | <b>ZIP CODE</b><br>22314-1940                               | Occupation   |   |                   |  |                  |                                       |                   |  |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |  |  |  |                                 |  |  |                       |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                       |                    |                               |            |  |   |  |  |                           |  |                               |  |  |  |  |  |
| <b>D. FULL NAME</b><br>LAHOOD FOR CONGRESS   |                    |   | Name of Employer   |   |                   |  |                  |                                       |                   |  |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |  |  |  |                                 |  |  |                       |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                       |                    |                               |            |  |   |  |  |                           |  |                               |  |  |  |  |  |
| <b>MAILING ADDRESS</b><br>P.O. BOX 10735   |                    |   | <b>Transaction ID : TX32745</b>  |   |                   |  |                  |                                       |                   |  |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |  |  |  |                                 |  |  |                       |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                       |                    |                               |            |  |   |  |  |                           |  |                               |  |  |  |  |  |
| <b>CITY</b><br>PEORIA  | <b>STATE</b><br>IL | <b>ZIP CODE</b><br>61612-0735                               | Occupation   |   |                   |  |                  |                                       |                   |  |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |  |  |  |                                 |  |  |                       |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                       |                    |                               |            |  |   |  |  |                           |  |                               |  |  |  |  |  |
| <b>E. FULL NAME</b><br>ABRAHAM LINCOLN PAC   |                    |   | Name of Employer   |   |                   |  |                  |                                       |                   |  |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |  |  |  |                                 |  |  |                       |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                       |                    |                               |            |  |   |  |  |                           |  |                               |  |  |  |  |  |
| <b>MAILING ADDRESS</b><br>824 S MILLEDGE AVE, STE 101  |                    |   | <b>Transaction ID : TX32746</b>  |   |                   |  |                  |                                       |                   |  |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |  |  |  |                                 |  |  |                       |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                       |                    |                               |            |  |   |  |  |                           |  |                               |  |  |  |  |  |
| <b>CITY</b><br>ATHENS  | <b>STATE</b><br>GA | <b>ZIP CODE</b><br>30605-1332                               | Occupation   |   |                   |  |                  |                                       |                   |  |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |  |  |  |                                 |  |  |                       |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                       |                    |                               |            |  |   |  |  |                           |  |                               |  |  |  |  |  |
| <b>SIGNATURE (optional)</b><br><i>Datwyler, Thomas, ,</i>  |                    |   | <b>DATE</b><br>08/05/2022  |   |                   |  |                  |                                       |                   |  |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |  |  |  |                                 |  |  |                       |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                       |                    |                               |            |  |   |  |  |                           |  |                               |  |  |  |  |  |
| <i>[Electronically Filed]</i>  |                    |   | <b>For further information contact:</b><br>Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |   |                   |  |                  |                                       |                   |  |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                           |                    |                               |            |  |  |  |  |                  |  |  |  |  |                                 |  |  |                       |                    |                               |            |  |  |  |  |                  |  |   |  |  |                                 |  |  |                       |                    |                               |            |  |   |  |  |                           |  |                               |  |  |  |  |  |

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

**FEC FORM 6**  
(Revised 03/2016)

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|   |  |   |                   |
|---|--|---|-------------------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br><b>Pete Stauber for Congress</b>   |  |   |                   |
| <b>ADDRESS</b> (number and street) 23 W Central Entrance<br>PMB #333  |  |   |                   |
| <b>CITY, STATE, and ZIP CODE</b><br>Duluth MN 55811   |  |   |                   |
| <b>2. NAME OF CANDIDATE</b><br>Stauber, Peter, Allen, ,   |  | <b>3. OFFICE SOUGHT</b> (State and District)<br>House MN 08 |                   |
|   |  | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00650697            |                   |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ |  |   |                   |
| <b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br><b>FLORIDA SUGAR CANE LEAGUE PAC</b><br>1301 PENNSYLVANIA AVE NW STE 401<br>WASHINGTON DC 20004-1701                   |  |   |                   |
| Name of Employer<br><br><b>Transaction ID : TX32747</b><br>Occupation   |  | Date (month, day, year)<br>08/02/2022                       | Amount<br>1000.00 |
| <b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br><b>LAHOOD FOR CONGRESS</b><br>P.O. BOX 10735<br>PEORIA IL 61612-0735   |  |   |                   |
| Name of Employer<br><br><b>Transaction ID : TX32754</b><br>Occupation   |  | Date (month, day, year)<br>08/04/2022                       | Amount<br>2000.00 |
| <b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br><b>ABRAHAM LINCOLN PAC</b><br>824 S MILLEDGE AVE, STE 101<br>ATHENS GA 30605-1332                                      |  |   |                   |
| Name of Employer<br><br><b>Transaction ID : TX32755</b><br>Occupation   |  | Date (month, day, year)<br>08/04/2022                       | Amount<br>2000.00 |
| <b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br><b>MINNESOTA CORN GROWERS ASSOCIATION<br/>FEDERAL PAC</b><br>738 1ST AVENUE EAST<br>SHAKOPEE MN 55379-1547             |  |   |                   |
| Name of Employer<br><br><b>Transaction ID : TX32756</b><br>Occupation   |  | Date (month, day, year)<br>08/04/2022                       | Amount<br>2500.00 |
| <b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br><b>FLORIDA SUGAR CANE LEAGUE PAC</b><br>1301 PENNSYLVANIA AVE NW STE 401<br>WASHINGTON DC 20004-1701                   |  |   |                   |
| Name of Employer<br><br><b>Transaction ID : TX32757</b><br>Occupation   |  | Date (month, day, year)<br>08/04/2022                       | Amount<br>1000.00 |

**continuation page**

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|   |  |   |  |
|---|--|---|--|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Pete Stauber for Congress  |  |   |  |
| <b>ADDRESS</b> (number and street) 23 W Central Entrance<br>PMB #333  |  |   |  |
| <b>CITY, STATE, and ZIP CODE</b><br>Duluth MN 55811   |  |   |  |
| <b>2. NAME OF CANDIDATE</b><br>Stauber, Peter, Allen, ,   |  | <b>3. OFFICE SOUGHT</b> (State and District)<br>House MN 08 |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00650697  |  | <i><b>continuation page</b></i>                             |  |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ |  |   |  |

| A. FULL NAME, MAILING ADDRESS AND ZIP CODE  | Name of Employer                       | Date (month, day, year) | Amount  |
|---|--|-------------------------|---------|
| AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE<br>25 MASSACHUSETTS AVE, NW<br>SUITE 600<br>WASHINGTON DC 20001-7400                              | Transaction ID : TX32758<br>Occupation | 08/04/2022              | 1000.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC<br>905 16TH ST., N.W<br>WASHINGTON DC 20006-1703 | Transaction ID : TX32759<br>Occupation | 08/04/2022              | 1500.00 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)<br>P.O. BOX 961039<br>FORT WORTH TX 76161-0039                  | Transaction ID : TX32760<br>Occupation | 08/04/2022              | 2500.00 |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>NATIONAL COTTON COUNCIL OF AMERICA COMMITTEE FOR THE ADVANCE<br>P.O. BOX 2995<br>CORDOVA TN 38088-2995      | Transaction ID : TX32761<br>Occupation | 08/04/2022              | 2000.00 |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>FEDEX CORPORATION POLITICAL ACTION COMMITTEE<br>942 S SHADY GROVE ROAD<br>MEMPHIS TN 38120-4117             | Transaction ID : TX32762<br>Occupation | 08/04/2022              | 1500.00 |

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

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|---|--|---|--|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Pete Stauber for Congress  |  |   |  |
| <b>ADDRESS</b> (number and street) 23 W Central Entrance<br>PMB #333  |  |   |  |
| <b>CITY, STATE, and ZIP CODE</b><br>Duluth MN 55811   |  |   |  |
| <b>2. NAME OF CANDIDATE</b><br>Stauber, Peter, Allen, ,   |  | <b>3. OFFICE SOUGHT</b> (State and District)<br>House MN 08 |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00650697  |  | continuation page   |  |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ |  |   |  |

| A. FULL NAME, MAILING ADDRESS AND ZIP CODE  | Name of Employer                       | Date (month, day, year) | Amount  |
|---|--|-------------------------|---------|
| AMERICAN SOCIETY OF TRAVEL ADVISORS, INC. PAC<br>675 N WASHINGTON ST,<br>STE 490<br>ALEXANDRIA VA 22314-1940  | Transaction ID : TX32763<br>Occupation | 08/04/2022              | 1000.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>FEDEX CORPORATION POLITICAL ACTION COMMITTEE<br>942 S SHADY GROVE ROAD<br>MEMPHIS TN 38120-4117             | Transaction ID : TX32764<br>Occupation | 08/04/2022              | 1500.00 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>NATIONAL COTTON COUNCIL OF AMERICA COMMITTEE FOR THE ADVANCE<br>P.O. BOX 2995<br>CORDOVA TN 38088-2995      | Transaction ID : TX32765<br>Occupation | 08/04/2022              | 2000.00 |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)<br>P.O. BOX 961039<br>FORT WORTH TX 76161-0039                  | Transaction ID : TX32766<br>Occupation | 08/04/2022              | 2500.00 |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC<br>905 16TH ST., N.W<br>WASHINGTON DC 20006-1703 | Transaction ID : TX32767<br>Occupation | 08/04/2022              | 1500.00 |

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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|   |  |   |  |
|---|--|---|--|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Pete Stauber for Congress  |  |   |  |
| <b>ADDRESS</b> (number and street) 23 W Central Entrance<br>PMB #333  |  |   |  |
| <b>CITY, STATE, and ZIP CODE</b><br>Duluth MN 55811   |  |   |  |
| <b>2. NAME OF CANDIDATE</b><br>Stauber, Peter, Allen, ,   |  | <b>3. OFFICE SOUGHT</b> (State and District)<br>House MN 08 |  |
| <b>4. FEC IDENTIFICATION NUMBER</b><br>C00650697  |  | <i><b>continuation page</b></i>                             |  |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ |  |   |  |
| <b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b><br>BORASH, JIM, , ,<br>5263 W ARROWHEAD RD<br>HERMANTOWN MN 55811-1342  |  |   |  |
| Name of Employer<br>WASTE MANAGEMENT<br><b>Transaction ID : TX32752</b><br>Occupation<br>SENIOR DISTRICT MANAGER  |  | Date (month, day, year)<br>08/04/2022<br>Amount<br>1000.00  |  |
| <b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>   |  |   |  |
| Name of Employer<br><br>Occupation  |  | Date (month, day, year)<br><br>Amount                       |  |
| <b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>   |  |   |  |
| Name of Employer<br><br>Occupation  |  | Date (month, day, year)<br><br>Amount                       |  |
| <b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>   |  |   |  |
| Name of Employer<br><br>Occupation  |  | Date (month, day, year)<br><br>Amount                       |  |
| <b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>   |  |   |  |
| Name of Employer<br><br>Occupation  |  | Date (month, day, year)<br><br>Amount                       |  |